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Docket No. 09799910-0034

DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am an original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD FOR THE DETECTION OF APOPTOSIS

the specification filed on June 26, 2003 and assigned Application Serial No. 10/607,455

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Nos.	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached? Yes	No
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐
			☐	☐	☐

I hereby claim the benefit of earlier U.S. applications as follows:

I hereby claim the benefit under 35 U.S.C. §120 of the following earlier-filed United States patent applications. Insofar as the subject matter of each of the claims of this application is not disclosed in the prior U.S. applications in the manner required by 35 U.S.C. §112, first paragraph, I acknowledge a duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 C.F.R. §1.56 which came into existence between the filing date(s) of the prior applications and the national or PCT filing date of this application.

(Application Serial No.) (Filing Date)

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

60/392,143 June 26, 2002
(Application Serial No.) (Filing Date)

POWER OF ATTORNEY

I hereby appoint the attorney(s) and agent(s) of Sonnenschein Nath & Rosenthal LLP associated with Customer Number 26263, with full power of revocation and substitution, to prosecute this application and to transact all business with the United States Patent and Trademark Office in connection therewith.

SEND CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:

Paul E. Rauch, Ph.D.
SONNENSCHEIN NATH & ROSENTHAL LLP
P.O. Box 061080
Wacker Drive Station, Sears Tower
Chicago, Illinois 60606-1080
(312) 876-8936
Customer Number 26263

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor:	Paula J. Bates
Inventor's Signature:	Paula J. Bates 2-16-04
Date:	
Country of Citizenship:	U.S.
Residence and Post Office Address:	408 Browns Lane, Louisville, KY 40207
Inventor:	Yingchang Mi
Inventor's Signature:	
Date:	
Country of Citizenship:	China
Residence and Post Office Address:	288 Nanjaing Road, Chinese Academy of Medical Science
	Institute of Hematology, Nankai District, Tianjan, 300020
	China

PAGE 7/11 * RCVD AT 2/20/2004 4:40:23 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/2 * DNIS:7469195 * CSID:3142595959 * DURATION (mm-ss):02-52

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Inventor:	Paula J. Bates
Inventor's Signature:	
Date:	
Country of Citizenship:	U.S.
Residence and Post Office Address:	408 Browns Lane, Louisville, KY 40207
Inventor:	Yingchang Mi
Inventor's Signature:	Yingchang Mi
Date:	February 18, 2004
Country of Citizenship:	China
Residence and Post Office Address:	288 Nanjaing Road, Chinese Academy of Medical Science Institute of Hematology, Nankai District, Tianjan, 300020 China

PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

First Named Inventor:	Paula J. Bates
Title:	A Method for the Detection of Apoptosis
Express Mail Label No.	EV 320 857 626 US
Date of Deposit:	June 26, 2003

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. ☐ This Form includes the Fee Transmittal (See Box 19) *(Submit an original and a duplicate for fee processing)*
2. ☒ Applicant claims small entity status. (See 37 CFR 1.27)
3. ☒ Specification (including title page) [*Total Pages* 52]
4. ☒ Drawing(s) (35 USC 113) [*Total Sheets* 2]
5. ☐ Declaration and Power of Attorney [*Total Pages* ____]
   a. ☐ Newly executed (original or copy)
   b. ☐ Copy from a prior application (37 CFR 1.63(d)) *(for continuation/divisional with Box 18 completed)*
      i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76
7. ☐ CD-ROM or CD-R in duplicate
8. ☒ Nucleotide and/or Amino Acid Sequence Submission
   a. ☒ Computer Readable Form (CRF)
   b. ☒ Specification Sequence Listing on:
      i. ☐ CD-ROM or CD-R in duplicate; or
      ii. ☒ paper
   c. ☒ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers *(cover sheet & document(s))*
10. ☐ 37 CFR 3.73(b) Statement
11. ☐ English Translation Document *(if applicable)*
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
15. ☐ Certified copy of ____ Priority Document Document No. _____, filed on _____.
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other:

18. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) *of prior application no.:* ____/____

Prior application information: Examiner Name: ____ Group Art Unit: ____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. FEE CALCULATIONS:

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE $375.00
	TOTAL CLAIMS			$9.00	$
	INDEPENDENT CLAIMS			$42.00	$
	ANY MULTIPLE DEPENDENT CLAIMS? ☐YES ☐ NO			$140.00	$
				SUBTOTAL	$

a. ☐ *In connection with this application*, the Commissioner is hereby authorized to credit overpayments or to charge any additional fee required to Deposit Account No. 19-3140. *A duplicate copy of this sheet is enclosed.*

b. ☐ The enclosed check in the amount of $____ covers the total claim fee and recordation fee.

20. ☒ CUSTOMER NO. 26263

Dated: 6/26/03

SIGNATURE: _____

Paul E. Rauch, Ph.D., (Reg. No. 38,591)